INFORMATION DISCLOSURE CITATION

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Applicant	Úlfar ERLINGSSON		MAR 1 1 ZUDA B
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Examiner Initial*		Document Number	Issue Date	Name	Class	Sub Class	Filing Date If Appropriate
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OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)				
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Examiner	/Farid Homayounmehr/	Date Considered 11/28/2006		
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